

SAFETY PERFORMANCE HISTORY RECORDS REQUEST Part 1

Recipient Employer: The individual identified in **Section 1**, below, has indicated that you employed or used him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR 40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. **Under DOT rule 391.23(g), you must respond to this inquiry within 30 days of receipt.** Please complete **Section 2** below and **Sections 3 and 4 (if applicable)** and return to the prospective employer in **Section 1**.

Section 1:		TO BE COMPLETED BY PROSPECTIVE EMPLOYEE	
I, (Print Name) _____	Social Security Number: _____		
Hereby authorize: _____	Date of Birth: _____		
Previous Employer: _____	Phone#: _____ Fax: _____		
Address: _____	City, State, and Zip Code: _____		
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from: (Application Date): _____			
To:			
Prospective Employer: MGE Underground Inc. Email: hr@mgeunderground.com Fax: (805) 221-6975			
Attention: Human Resources Address: P.O. Box 4189 City, State, and Zip Code: Paso Robles, CA 93447			
In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality such as fax, email, or letter.			
Prospective employer's confidential fax number: (805) 221-6975 Prospective employer's confidential email address: hr@mgeunderground.com			
Applicants Signature: _____	Date: _____		
<i>This information is being requested in compliance with §40.25(g) and §391.23(h)</i>			
Section 2:		TO BE COMPLETED BY PREVIOUS EMPLOYER	
Accident History			
(1) The applicant named above was employed by us.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Employed as _____	from (M/Y) _____	to (M/Y) _____	
If driver was involved in a safety sensitive position subject to controlled substance and alcohol testing under part 40, check here. <input type="checkbox"/>			
Did he/she drive motor vehicles for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semi Trailer <input type="checkbox"/> Bus <input type="checkbox"/> Tanker <input type="checkbox"/>
Doubles/Triples <input type="checkbox"/> Other (specify): _____			
(2) Reason for leaving your employment: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay off <input type="checkbox"/> Military Duty <input type="checkbox"/>			
If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.			
Accidents: Complete the following for any accidents included on your accident register (390.15 (b)) that involved the applicant in the 3 years prior to the application date shown above, or check here <input type="checkbox"/> if there is no accident register data for this applicant.			
<u>Date</u>	<u>Location</u>	<u># of Injuries</u>	<u># of Fatalities</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____			
Any other remarks: _____			

Signature: _____	Title: _____	Date: _____	

SAFETY PERFORMANCE HISTORY RECORDS REQUEST Part 2

Section 3	TO BE COMPLETED BY PREVIOUS EMPLOYER
Drug and Alcohol History	
If driver was not subjected to DOT testing requirements while employed by this employer, please check here <input type="checkbox"/> , fill in the dates of employment from _____ to _____, complete bottom of section 3, sign and return.	
Driver was subject to DOT testing requirements from _____ to _____.	
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has this person refused to submit to post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has this person committed other violations of subpart B of Part 382 or part 40?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-work and follow-up tests? If yes, please send documentation back with this form.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In answering these questions, include any required DOT drug and alcohol testing information obtained from previous employers in the previous 3 years prior to the application date on part 1.	
Name: _____	
Company: _____	
Address: _____ City, State, and Zip Code: _____	
Section 3 Completed by (Signature): _____ Date: _____	

Section 4	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
This form was (check one): <input type="checkbox"/> Faxed to Previous Employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other: _____	
By: _____ Date _____	

Section 4a	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
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Complete below when information is obtained.	
Information obtained from: _____	
Recorded by: _____	Method; <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone
Date: _____	<input type="checkbox"/> Other _____

Instructions: Complete the Safety Performance History Records Request

Part 1 Section 1: Prospective employee
Complete the information required in this section
Sign and Date
Submit to Prospective Employer

Part 2 Section 4: Prospective Employer
Complete the information
Send to Previous Employer

Part 1 Section 2: Previous Employer
Complete the information requested in this section
Sign and Date

Part 2 Section 3: Previous Employer
Complete the information required in this section
Sign and Date
Return to Prospective Employer

Part 2 Section 4a: Prospective Employer
Record receipt of information
Retain the form